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1. PLACE OF BIRTH BUREAU OF VI	BOARD OF HEALTH State File No. 55 TAL STATISTICS Registered No. 155 Registered No. 155 Registered N
County Lila	State en rigana
District or Township MARAM or Village ON WILLIAM AND STATE OF THE STA	
(If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make 2. Full name of child. Supplemental report, as directed.	
Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other 6. Legitimate 1 7. Date of birth 2 14 30 Month Day Year	
Full name And Musica Company	14. MOTHER Full maiden name Sen Al MA Tana as
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
If non-resident, give place and state	If non-resident, give place and state. Manual 16. Color or race
Inspiron 11. Age at last birthday(Years)	Inlyican 17. Age at last birthday. 31(Years)
12. Birthplace (city or place) Sanguan Oldas (State or country) Las see Monico	(State or country) Lelisco Medica
13. Occupation Munch Nature of Industry	19. Occupation Nature of Industry
20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn. 21. Were precautions taken against ophthalmia neonatorum?	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * I hereby certify that I attended the birth of this child, who was	
When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
iven name added from supplement report. Month, day, year Address.	
Registrar.	Registrar.
737-114-232	<u>.</u> <u>į</u>